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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 9736

<b>SERIAL NUMBER</b> 09/975,501	<b>FILING OR 371(c) DATE</b> 10/11/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 015511-000002
<b>APPLICANTS</b> John W. Cuozzo, Sewell, NJ;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/09/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 42840				
<b>TITLE</b> Apparatus and method for intra-oral stimulation of the trigeminal nerve				
<b>FILING FEE RECEIVED</b> 455	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	